

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**[www.tdlr.texas.gov](http://www.tdlr.texas.gov)**COMPLAINT FORM****Mail To:**

**TEXAS DEPARTMENT OF LICENSING AND  
REGULATION  
ENFORCEMENT DIVISION**  
**P.O. BOX 12157 • AUSTIN, TEXAS 78711**  
**(800) 803-9202 • (512) 539-5600**  
**FAX 512-539-5698**

**Date Received:**  
**(For Department Use Only)**

RECEIVED	
TDLR MAIL ROOM 53	
FEB 14 2018	
TOTAL	TYPE

**Notice**

Under the Texas Public Information Act, the complainant's identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

**A. You, as the complaining party:** *(If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank. If you file your complaint anonymously you will not receive case status updates.)*

Name: Cale Johnson

Address: 6300 Mammoth Springs Dr.

City: Waco State: TX Zip: 76708

Work Phone: Home Phone: 320-295-9810 Fax:

E-Mail: [REDACTED]

*Contact from the Department will be via e-mail if you provide an e-mail address*

**B. Would you be willing to testify if this case goes to a hearing?** Yes  No

**C. The person, firm, building or facility you are complaining about (Respondent):**

Name: Jennifer Bennett

Company or Facility Name: Avanlee Homebirth Services

Physical Address: 720 N 7th St

City: Temple State: TX Zip: 76501

Mailing Address (if different than above):

City: State: Zip:

Telephone numbers: Office - 254-247-6978 Fax-

E-mail:

FEB 14 2018

License or Registration Number: 02003

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**D. Explanation:** Describe your complaint in detail. Include dates, names, locations, type of service provided by respondent and events leading to you filing this complaint. If the space provided below is not adequate, you may attach additional pages. Please include with your complaint, any documentation regarding your complaint.

If you are filing your complaint anonymously it is important that you include any associated documentation (making sure you have removed your name from all documentation). If the information provided with your complaint does not contain enough information for the Department to believe a violation may have occurred, your complaint may not be opened for investigation.

**Jennifer Bennett abandoned my wife at home while in active labor, dilated to a 6, because she did not feel the labor was progressing fast enough. My wife delivered the baby at home later that night without any medical support because Jennifer never answered our numerous phone calls, voicemails, and text messages. We ended up calling an ambulance and going to the hospital - where we did not want to be. Jennifer never apologized for leaving my wife. We had to file a lawsuit against Jennifer because she refused to refund the monies we prepaid her for her services.**

**It is our request and recommendation that Jennifer's midwife license be revoked.**

**See attached details regarding the timeline, and call and text logs. Further details available upon request.**

**SIGNATURE BLOCK**

Signature of the complaining party

Date